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transmitted to the USPTO (571) 273-2885, on the date indicated below. **NEKTAR THERAPEUTICS** 150 INDUSTRIAL ROAD SAN CARLOS, CA 94070 Minna Cotter dece IMMA (Signature June 23, 2006 One APPLICATION NO. PILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/659.734 09/09/2003 Antoni Kozlowski SHE0073 (6800-0073) 1891 TITLE OF INVENTION: WATER-SOLUBLE POLYMER ALKANALS APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION PEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$0 50 02 09/06/2006 EXAMINER ART UNIT CLASS-SUBCLASS TRUONG, DUC 1711 86/26/2886 TBESHAH2 08888054 580348 10659734 528-230000 Change of correspondence address or indication of "Fee Address" (37 PR 1.363). 2. For printing on the patent front page, hist 8881 (1) the names of up to 3 registered patent attorner or agents OR, alternatively, 15.89 DA ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Evans (2) the name of a single firm (having as a member a registered attempt or agent) and the names of up to 2 registered patent attempts or agents. If no name is listed, no name will be printed. Tec Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 1. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Nektar Therapeutics AL, Corporation Huntsville, Alabama Flease check the appropriate assignee eategory or eategories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔲 Government 4a. The following foc(s) are enclosed: 4b. Payment of Feo(s): D Issue Fee A check in the amount of the (ee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500348 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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